

R381-60-18. ACTIVITIES.

This section provides the rules and information about daily activities and schedules. It also discusses the rules that the provider must follow if offsite activities are offered for the children.

- (1) The provider shall offer daily activities that support each child's healthy physical, social, emotional, cognitive, and language development.

Rationale/Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities. Children's experiences in their earliest years affect how their brains work and during these years the brain undergoes its most dramatic growth. Language emerges, basic motor abilities form, thinking becomes more complex, and children begin to understand their own feelings and those of others. Children who do not receive appropriate nurturing or stimulation during these prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain. Rima Shore (NY: Families and Work Institute, 1997); What Do We Know About Social and Emotional Development (The Urban Child Institute, 2017).

| Physical Development | Social/Emotional Development | Cognitive Development | Language Development |
|--|---|--|--|
| Crawling Walking Running Dancing Climbing Balancing Exercising Writing Drawing | Feeling Expressing Succeeding Sharing Playing Laughing Pretending Encouraging Helping | Thinking Understanding Guessing Asking Answering Solving Exploring Learning Evaluating | Talking Listening Singing Role Playing Reading Writing Rhyming Reciting Responding |

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(2) If an approved outdoor area is available, the provider shall ensure that daily activities include outdoor play as weather and air quality allow.

Rationale/Explanation

Children should play outdoors when the conditions do not pose any concerns health and safety such as a significant risk of frostbite or heat-related illness. Caregivers/teachers must protect children from harm caused by adverse weather, ensuring that children wear appropriate clothing and/or appropriate shelter is provided for the weather conditions. CFOC 4th ed. Standard 3.1.3.2 p.p. 99.

For information about air quality visit the [Utah Department of Environment Quality: Air Quality](#). For information on when to schedule outdoor play based on air quality visit: [Utah's Recess Guidance for Schools](#)

Compliance Guidelines

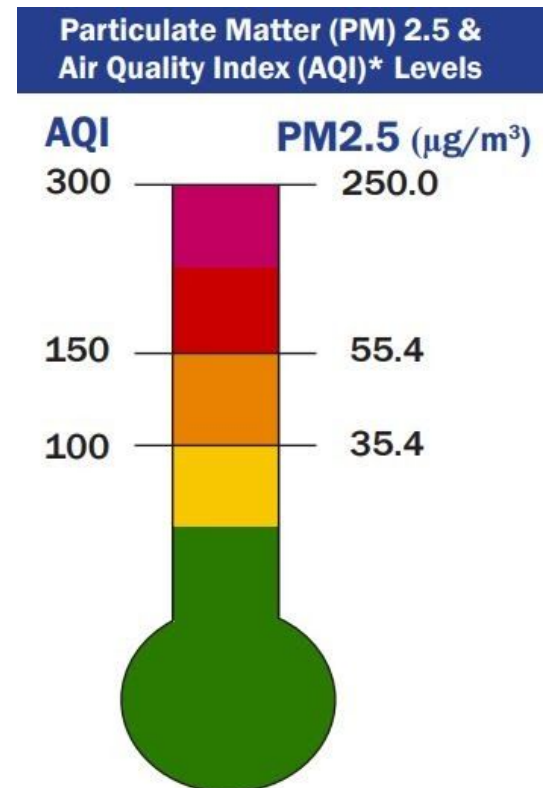
- If the air quality is rated as red, everyone should stay inside.
- It is not a requirement for children with respiratory symptoms and students with conditions including asthma, cystic fibrosis, chronic lung disease, congenital heart disease, compromised immune systems or other respiratory problems to have outside activities on days when air quality is rated as at or above orange.
- Taking children on walks (including in strollers) is considered outdoor play. However, going on a walk may not be the only outdoor activity that is ever offered; children of all ages must have opportunities to be physically active when outdoors.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning



(3) The provider shall ensure that physical development activities include light, moderate, and vigorous physical activity for a daily total of at least 15 minutes for every two hours children spend in the program.

Rationale/Explanation

The facility should promote all children's active play every day. Children should have ample opportunity to do moderate to vigorous activities, such as running, climbing, dancing, skipping, and jumping, to the extent of their abilities. CFOC 4th ed. Standard 3.1.3.1 p.p. 97-98.

Examples

Light physical activity: Building with large blocks, rolling cars around the floor, and physical games of make believe.

Moderate physical activity: Yoga, indoor exercise, walking, and movement games.

Vigorous physical activity: Running, climbing, jumping rope and playing sports.

Compliance Guidelines

If children do not have regular opportunities to move freely this rule will be out of compliance.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (4) The provider shall ensure that toys, materials, and equipment needed to support children's healthy development are available to the children.**

Rationale/Explanation

Staff should ensure that children and parents/guardians understand the need for a safe indoor and outdoor learning/play environment and feel comfortable when playing indoors and outdoors. CFOC 4th ed. Standards 2.1.1.1 - 2.1.1.2 p.p. 51-52.

Good-quality toys, books, and equipment not only benefit children, they can make child care much easier to manage. A few tips for choosing toys and materials include:

- Choose toys that are durable and safe. Look at labels. Think big – no small parts for younger children.
- Have enough toys and materials to occupy all children in attendance.
- Select toys that can be used in a variety of ways.
- Promote healthy development by providing toys that encourage large-motor, small-motor and thinking skills, as well as social skills and self-awareness.

Compliance Guidelines

There must be enough materials for each child in the group to be engaged in play with at least one toy or activity.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (5) Except for occasional special events, the provider shall ensure that the children's primary screen time activity on media such as television, cell phones, tablets, and computers is:
- (a) not allowed for children zero to 17 months old;
 - (b) limited for children 18 months to four years old to one hour a day, or five hours a week with a maximum screen time of two hours per activity; and
 - (c) planned to address the needs of children five to 12 years old.

Rationale/Explanation

The first two years of life are critical periods of growth and development for children's brains and bodies, and rapid brain development continues through the early childhood years. To best develop their cognitive, language, motor, and social-emotional skills, infants and toddlers need hands-on exploration and social interaction with trusted caregivers. Digital media viewing does not promote such skills development as well as "real life". Excessive media use has been associated with lags in achievement of knowledge and skills, as well as negative impacts on sleep, weight, and social/emotional health. CFOC 4th ed. Standard 2.2.0.3 p.p. 70.

According to the [Mayo Clinic](#) and the AAP, too much or poor quality screen time has been linked to these negative health effects:

- Lack of adequate sleep
- Obesity
- Substance Abuse
- Behavioral problems
- Decreased school performance
- Loss of social skills
- Less time for essential play
- Violence

Compliance Guidelines

- Children who are younger than 18 months old should never be placed in front of a screen to be entertained or occupied. Screen time should never be the primary activity for children this age.
- In mixed-age groups, older children may participate in screen time activities when children younger than 18 months old are present on condition that the primary activity of the young children is not screen time. For example, an infant may be fed or rocked to sleep, or a young child may be playing with toys in the room where older children participate in a screen activity,

as long as watching the screen is not the infant's or younger child's primary activity.

- Occasional special events include events that the entire center participates in, like a party, holiday celebration, parent presentation or graduation ceremony that may include the use of screens.
- Although experts advise that screen time for school-age children be limited to 1 to 2 hours per day (including at home), licensing rule does not specify a maximum number of screen time hours for this age group. Instead, the provider should develop a plan for managing screen time such as allowing a certain amount of screen time for homework and for free play.

This rule does not pertain to screen time that:

- Involves children in physical activity, for example, when children watch television to exercise, dance, or do yoga.
- Is interactive and engages a group of children along with their caregivers, for example, watching an educational video that involves questions and answers or problem-solving with others.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (6) If swimming activities are offered or if wading pools are used, the provider shall ensure that:**
- (a) the parent gives permission before their child in care uses the pool;**
 - (b) caregivers stay at the pool supervising when a child is in the pool or has access to the pool, and when an accessible pool has water in it;**
 - (c) diapered children wear swim diapers when they are in the pool;**
 - (d) wading pools are emptied and sanitized after use by each group of children;**
 - (e) if the pool is over four feet deep, there is a lifeguard on duty who is certified by the Red Cross or other approved certification program any time children have access to the pool; and**
 - (f) lifeguards and pool personnel do not count toward the caregiver-to-child ratio.**

Rationale/Explanation

Drowning is the second leading cause of unintentional injury-related death for children ages one to fourteen. In 2006, approximately 1,100 children under the age of twenty in the U.S. died from drowning

Constant and active supervision should be maintained when any child is in or around water. During any swimming/ wading/water play activities where either an infant or a toddler is present, the ratio should always be one adult to one infant/toddler. Children ages thirteen

months to five years of age should not be permitted to play in areas where there is any body of water, including swimming pools, ponds and irrigation ditches, built-in wading pools, tubs, pails, sinks, or toilets unless the supervising adult is within an arm's length providing "touch supervision". CFOC 4th ed. Standards 2.2.0.4.- 2.2.0.5 p.p. 68-6971-72.

It is recommended that the provider check with their local health department before allowing children to use a wading pool because some health departments prohibit the use of wading pools in child care facilities. Licensing rule requires providers to comply with local laws and rules such as these.

This practice provides control of bacteria and algae and enhances the participants' comfort and safety. Maintaining pH and disinfectant levels within the prescribed range suppresses bacterial growth to tolerable levels. CFOC 4th ed. Standard 6.3.4.1 p.p. 302.

Constant and active supervision should be maintained when any child is in or around water. During any swimming/wading/water play activities where either an infant or a toddler is present, the ratio should always be one adult to one infant/toddler. The required ratio of adults to older children should be met without including the adults who are required for supervision of infants and/or toddlers. An adult should remain in direct physical contact with an infant at all times during swimming or water play. Whenever children thirteen months and up to five years of age are in or around water, the supervising adult should be within an arm's length providing "touch supervision". Water play includes wading. Touch supervision means keeping swimming children within arm's reach and in sight at all times. Drowning is a "silent killer" and children may slip into the water silently without any splashing or screaming. Ratios for supervision of swimming, wading and water play do not include personnel who have other duties that might preclude their involvement in supervision during swimming/wading/water play activities while they are performing those duties. CFOC 4th ed. Standard 1.1.1.5 p.p. 7.

Compliance Guidelines

- Whenever a wading pool contains water, a caregiver must stay at the pool. If the caregiver needs to leave, the pool must be enclosed within a 4-foot-high fence, or it must be emptied. The pool may never be left with water in it, even when there are no children in the outdoor area.
- If the pool is over 4 feet deep, a caregiver may not act as a lifeguard and count in the caregiver-to-child ratio at the same time.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

Children have unsupervised access to a pool or a wading pool with water in it.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

(7) If offsite activities are offered, the provider shall ensure that:

- (a) the parent gives written consent before each activity;**
- (b) the required caregiver-to-child ratio and supervision are maintained during the entire activity;**
- (c) first aid supplies, including at least antiseptic, bandages, and tweezers are available;**
- (d) children wear or carry with them the name and phone number of the center;**
- (e) children's names are not used on nametags, t-shirts, or in other visible ways; and**
- (f) there is a way for caregivers and children to wash their hands with soap and water, or with wet wipes and hand sanitizer if there is no source of running water.**

Rationale/Explanation

These records and reports are necessary to protect the health and safety of children in care. CFOC 4th ed. Standard 9.4.2.3 p.p. 420.

Injuries are more likely to occur when a child's surroundings or routine changes. Activities outside the facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times. CFOC 4th ed. Standard 6.5.1.1 p.p. 308.

The facility should maintain first aid and emergency supplies in each location where children are cared for. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from a child care facility. CFOC 4th ed. Standard 5.6.0.1 p.p. 274-775.

Having the name and phone number of the facility will assist in a lost child being found.

During offsite activities children should not have their names on shirts, badges, or other visible ways. This practice prevents a stranger from calling a child by name to lure them into a dangerous situation. Children are more likely to respond to a stranger who calls them by name.

Thorough handwashing with soap for at least twenty seconds using clean running water at a comfortable temperature removes organisms from the skin and allows them to be rinsed away. Hand hygiene with an alcohol-based sanitizer is an alternative to traditional handwashing with soap and water when visible soiling is not present. CFOC 4th ed. Standard 3.2.2.2 p.p. 118.

Compliance Guidelines

Parental Permission

- Parents may give a general permission on the admission form for their child to be transported on field trips, but this blanket statement does not meet the requirement of this rule.
- In advance of each offsite activity, the provider must inform parents 1) where the children will be going, including any alternative or backup locations, 2) the day and time they will be offsite, and 3) how the children will get there and back. The provider must receive parent's written consent before each activity.
- For recurring and regularly scheduled offsite activities, parents may sign one permission form for the activities as long as the parents are given all of the required information as stated above. For example, the provider may get permission to take the children to the library every Tuesday morning at 10:00 a.m.
- For occasional spontaneous walking field trips, prior written parental permission is not required if 1) the children are offsite for no longer than 60 minutes, 2) they are within ½ mile of the facility, and 3) a notice is posted that includes the times they left and will return, where they will be going, and the route they will take to and from that location.

Ratios and Supervision

- During offsite activities (including in a car or on a field trip), children must always be under the active supervision of a caregiver or volunteer who has passed a background check and meets the other personnel requirements as described in rule.
- Parent volunteers may not count in the ratio or have unsupervised contact with any children except their own unless the parent has passed a CCL background check.
- Children need to wear or carry with them the name and phone number of the center even during swimming activities. Sticker labels, center t-shirts and arm bands are common methods.
- A stroller that is labeled with the center's name and phone number meets the intent of the rule as long as the children stay in the stroller. If at any time there are children not in the stroller, they would each need to wear a label with the required information.

Handwashing

- Caregivers and children should use soap and running water if available.
- Caregivers must closely supervise the children's use of hand sanitizer to prevent potential ingestion or accidental contact of the hand sanitizer with eyes, nose and mouth.
- Pre-moistened cleansing towelettes do not effectively clean hands and should not be used as a substitute for handwashing.

- For more information on handwashing, see “Section 15: Health and Infection Control.”

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

The required caregiver-to-child ratio and/or supervision was not maintained.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

- (8) The provider shall ensure that a caregiver with the children takes the written emergency information and releases for each child in the group on each offsite activity, and that the information includes at least:
- (a) the child's name;
 - (b) the parent's name and phone number;
 - (c) the name and phone number of an individual to notify if an emergency happens and the parent cannot be contacted;
 - (d) the names of people authorized by the parents to pick up the child; and
 - (e) current emergency medical treatment and emergency medical transportation releases.

Rationale/Explanation

Caregivers/teachers must have written parental permission to allow them access to information they and emergency medical services personnel may need to care for the child in an emergency. CFOC 4th ed. Standard 9.4.2.2 p.p. 419.

Compliance Guidelines

- Caregivers must have children’s emergency information and releases with them each time they take children offsite including on walks, and going to and from school.
- The emergency information must be complete in accordance with this rule.
- Caregivers must have a paper copy of each child’s emergency information. Having only an electronic copy could result in critical information being inaccessible to emergency personnel and others who may need it.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning